

<b>Case Number:</b>	CM15-0149955		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female who sustained an industrial injury on 05-27-2000. Mechanism of injury occurred when she was moving a patient and twisting to the right side and felt a "pop" and noted pain and swelling. Diagnoses include degenerative joint disease in the left knee. Treatment to date has included diagnostic studies, medications, viscosupplementation injections which were effective for nearly 8 months, physical therapy, and chiropractic care. Medications include Tylenol #3, Tizanidine, and Celecoxib. Her work status is restricted. A physician progress note dated 07-14-2015 documents the injured worker complains of increased pain with an increase in stiffness, swelling and discomfort. On examination there is visible effusion with limited range in flexion and extension, and marked varus deformity. She walks with an antalgic gait and uses a cane. She received viscosupplementation injections which were effective for about 8 months that decreased her pain from 8 out of 10 to 2 out of 10, and improved motion, function and gait as well as a decreased need for analgesics. The treatment plan includes Celebrex 200mg, #90. Treatment requested is for Tizanidine 4mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Tizanidine 4mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic Drugs - Tizanidine (Zanaflex, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Tizanidine is not justified. Therefore, the request for Tizanidine 4mg #90 is not medically necessary.